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FROM Paralegal Department

DATE 2009-09-09 20:32:05 GMT

RE Attn: Commissioner for Patents, RE: Docket No. P16723 -  
Revocation & Power of Attorney with Change of Address & Statement under 37 CFR  
3.73(b) Submitted 09/09/2009

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COVER MESSAGE

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Cover Message

(KER)

Docket No. P16723

Serial No. 10/602,393

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/602,393
Filing Date	06-23-2003
First Named Inventor	Adrian P. Stephens
Art Unit	2419
Examiner Name	PARK, JUNG H
Total Number of Pages in This Submission	2
Attorney Docket Number	P16723

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments.		
CUSTOMER NUMBER: 59796		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CUSTOMER NUMBER: 59796		
Signature	/John A. Harroun/		
Printed name	John A. Harroun		
Date	September 9, 2009	Reg. No.	46,339

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Signature	/Kyrstin Ryan/		
Typed or printed name	Kyrstin Ryan	Date	September 9, 2009

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